

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/017316

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9				1		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	10	←	12	←		←
TOTAL CLAIMS	11		13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						↓
TOTAL DEP.					←	←
TOTAL CLAIMS					←	←